



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$872190683
Outpatient Patient Service Revenue	\$781861442
Total Gross Patient Service Revenue	\$1654052125

2. Deductions From Revenue

Contractual Allowance	\$1250367058
Other Deductions	\$6786689
Total Deductions	\$1257153747

3. Total Operating Revenue

Net Patient Service Revenue	\$396898378
Other Operating Revenue	\$16818583
Total Operating Revenue	\$413716961

4. Operating Expenses

Salaries and Wages	\$103929628	Employee Benefits	\$37357307
Depreciation and Amortization	\$18481669	Interest Expense	\$2411594
Bad Debt	\$19849016	Other Expenses	\$178652433
Total Operating Expenses	\$360681647		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$53035314	Total Assets	\$479921437
Net Non-operating Gains over Loss	\$1128343	Total Liabilities	\$479921437

Total Net Gains	\$54163657
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$868780852	\$696343317	\$172437535
Medicaid	\$338541773	\$282387166	\$56154607
Other Government	\$20281870	\$13580549	\$6701321
Other State	\$0	\$0	\$0
Other Payers	\$426447629	\$264842714	\$161604915
Total	\$1654052124	\$1257153746	\$396898378

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$452480.00	\$-452480

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1072323.00	\$-1072323

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9995286.00	\$-9995286
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	67
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	369

Statement Six: Charity Statement

Hospital Charity Charges	\$36972297.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7021039	
HCI Payments	\$0		
Subtotal	\$0	\$7021039	\$-7021039
Medicaid Shortfalls	\$77443571	\$77822360	
Subtotal	\$77443571	\$84843399	\$-7399828
DSH Payments	\$0		
Subtotal	\$77443571	\$84843399	\$-7399828
Medicare Shortfalls	\$121779712	\$116926662	
Other Government Programs	\$0	\$0	
Total	\$199223283	\$201770061	\$-2546778

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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